

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. *7-820*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		1/2					53						
4		2/1					54						
5		1/4					55						
6		1/4					56						
7		1/4					57						
8	1						58						
9		1					59						
10		1/2					60						
11		1/1					61						
12		1					62						
13		1					63						
14		1/2					64						
15		1/2					65						
16		1/2					66						
17		1/1					67						
18		1/4					68						
19		1/1					69						
20		1/4					70						
21		1					71						
22		1					72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						